

pathological bone fracture (RR, 2.73; 95% CI, 1.37-5.44), and hemoglobin 12.7 g/dL or less (RR, 2.05; 95% CI, 1.10-3.81) were prognostic factors of BCP. As compared with those in the lowest tertile, participants in the highest tertile of initial PSA had nearly 3 times the age and body mass index (BMI)-adjusted risk of BCP (RR, 3.16; p for trend <0.009). Further adjustment for hemoglobin and the clinical diseases, the relative risk remained significant; the multivariate RR was 3.68 (p for trend <0.022).

Conclusions: Our data demonstrate that initial serum PSA is a significant risk factor for BCP for Taiwanese advanced prostate cancer patients.

OT3-03

Uric Acid Independently Associated with Atherosclerosis in Subjects without Metabolic Syndrome, Hypertension and Diabetes

Shao-Yuan Chuang¹, Jiunn-Horng Chen², Wen-Ting Yeh¹, Wen-Harn Pan^{1,3}

1. Academic Sinica, Taiwan

2. China Medical University Hospital, Taiwan

3. National Taiwan University

Background: Our previous study had reported that hyperuricemia was independently associated with cardiovascular events. However, the association between uric acid and atherosclerosis remains ambiguous. We aim to investigate the association between uric acid and atherosclerosis.

Methods and Materials: we enrolled 2790 subjects aged ≥ 30 years old from CardioVascular Disease FACTor in Two-township Study for this study. Common Carotid Artery Intima-Media Thickness (IMT) was used as the index of atherosclerosis. General linear model and logistic regression were used to assess the association between uric acid and atherosclerosis.

Results: Uric acid was associated with obesity, dyslipidemia, elevated blood pressure, impaired glucose, insulin resistance and IMT ($r: 0.12, p < 0.05$). The subjects with ≥ 9.0 mg/dl of uric acid (hyperuricemia) had significantly higher IMT (multivariate adjusted mean: 0.57 mm) than other groups (0.55 mm for <5 , 0.55 mm for 5-6.9, 0.54 mm for 7-8.9 mg/dl), independent of other risk factors. Hyperuricemia (odds ratio: 2.67, 95% confidence intervals: 1.55-4.59) was significantly associated with atherosclerosis in multivariate model. This association remains significantly in low risk population (without metabolic syndrome, hypertension and diabetes).

Conclusion: uric acid was independently associated with IMT in threshold relationship in both general and low metabolic risk population.

OT3-04

A Randomised Controlled Trial Managing Co-Morbid Depression after Myocardial Infarction: Mood-Care

Adrienne E O'Neil¹, Kristy Sanderson², Brian Oldenburg¹, Bianca Chan¹

1. Monash University, Australia

2. University of Tasmania, Australia

Background: One in five people suffer from depression after myocardial infarction (MI) or heart attack. While depression impedes recovery, quality of life (QOL) and other outcomes, it continues to remain under-recognised and under-treated. We will conduct a randomised controlled trial of a state-of-the-art, telephone-delivered program (MOOD-CARE) for MI patients exhibiting depression and investigate its effectiveness in relation to depression and components of QOL.

Method: Newly diagnosed MI patients admitted to 5 hospitals in Australia will be screened for depression using Patient Health Questionnaire (PHQ-9) (n= 1619). Those with PHQ9=5-19 (mild-moderately severe depression) at discharge and a secondary diagnosis of depression at 2 weeks will be randomly assigned to a Usual Care (UC) or Intervention (MOOD-CARE) group. MOOD-CARE includes up to 10 telephone counselling sessions over 6 months, delivered by psychologists using Cognitive Behaviour Therapy (CBT) and coronary heart disease (CHD) risk factor management.

Results: It is anticipated that those receiving the MOOD-CARE program will demonstrate significant improvements in depression, QOL, vocational outcomes and CHD risk factors compared with the UC group at 12 months. Primary outcome measures will be depression (Cardiac Depression Scale) and QOL (Short Form-12 [SF-12] and Assessment of Quality of Life [AQoL 6D]). Conclusion: MOOD-CARE has the potential to improve psychological, QOL and vocational functioning in depressed MI patients. The study will provide valuable clinical and economic information about the value of the program and its translation into the health system.

OT3-05

Client Satisfaction of Services Provided to Infertile Couples in the Gynaecological /Sub Fertility Clinics in Sri Lanka

Nirosha Lansakara¹, Rajitha Wickramasinghe², Harsha Senevirathne³

1. Murdoch Childrens Research Institute, Australia

2. University of Kelaniya, Sri Lanka

3. University of Colombo, Sri Lanka

Introduction: The outcome assessment in clinical practice needs to include measures of patient satisfaction with the service received. This study assessed client satisfaction among infertile women attending gynaecology/infertility clinics in the Colombo district, Sri Lanka.

Methods: The satisfaction of clinic services of 385 female partners of infertile couples attending gynaecology/subfertility clinics at four Teaching and two Base hospitals in the Colombo district were assessed

using a pre tested interviewer administered questionnaire.

Results: 52.7% of the women were satisfied with the services provided by the clinic and 13.5% were dissatisfied. Clients were most satisfied with politeness of the doctor (92.6%), the way the doctors performed their job (90%) and doctor's kindness (89.5%). Clients were most dissatisfied with explaining things (38.9%), opportunity to ask questions (32.5%) and emotional support from medical staff (31.2%). Clients attending specialised infertility clinics were more satisfied than clients attending gynaecology clinics. Satisfaction towards general functioning of the clinic was significantly higher among educated primary infertile women. Women who were > 35 years, married for > 5 years, had primary infertility and accompanied by the husband were more satisfied regarding the patient centered care provided by the doctors as compared to their respective counterparts. The emotional aspect of infertility was ranked as the most important aspect of care by the majority of clients.

Conclusions: Results suggest approximately half of the clients attending gynaecological /infertility clinics were satisfied with the clinic services with clients attending subfertility clinics being more satisfied than those attending gynaecology clinics.

OT3-06

Treatment Outcome of Kala Azar Patients Treated with Sodium Antimony Gluconate Sag and Miltefosine in Eastern Terai of Nepal

Birendra Kumar Yadav¹, Zafar Ullah Chowdhury², Shamsun Nahar², Mizanur Rahman²

1. BP Koirala Institute of Health Sciences, Nepal
2. NIPSOM, Bangladesh

A cross-sectional comparative study with purposive sampling was performed from the patients' registration book of Sagarmatha Zonal hospital and District Public Health Office Saptari, Nepal and the patients were interviewed at their house holds. The study aimed at to compare the treatment outcome like weight gain, remission of fever and skin color of Kala azar patients treated by Sodium Antimony Gluconate SAG and Miltefosine (Zenteris). The highest percent (57%) of patients were from 10-19 years age group. Male were more (59%). Patients were more (51%) from laborer group belonging to farming. Almost all the families were extremely poor. More than half (54%) of the decisions were taken by the father for the treatment place and treating physician. About 60% patients reported the good behavior of nurses and treating physicians. Highest (41%) percent of patients were visiting pharmacist first. The both direct and indirect treatment cost was found to be less for patients treated with Miltefosine in comparison to the SAG group. Initially during the drug distribution week the follow-up visit was more and gradually decreasing. Gastrointestinal side effect was high among the Miltefosine group whereas joint pain, palpitation,

rashes was high among the S.A.G group patients. Patients were attracted towards Miltefosine. One case of treatment failure was reported from SAG group. As the outcome of remission of Kala-azar, remission of fever, steady weight gain and improvement in hair colour, appetite, skin colour was reported in both the group with time but more rapid among the Miltefosine group. In this study, Miltefosine seemed to be having better performance for remission of Kala-azar. Further study with clinical and laboratory investigation is recommended in the same community in this regard

OT3-07

Oxidative Stress Byproducts, Antioxidant Activities, Electrolytes and Mineral Status in Stage I and II Human Hypertension

Sankar Devarajan¹, Raman Saraswathi², Amanat Ali³, Yoshinari Uehara⁴, Satomi Abe⁴, Ganapathy Sambandam⁵, Ramakrishna Rao M⁶

1. Fukuoka University, Japan
2. Rabiammal Ahmed Maideen College for Women, India
3. Sultan Qaboos University, Sultanate of Oman
4. Fukuoka University Hospital, Japan
5. Prof. Maniarasan Memorial Poly Clinic, India
6. Annamalai University, India

Objectives: To evaluate the status of oxidative stress, lipid peroxidation, inflammation, lipid profile, electrolytes and minerals in prehypertensives, and stage I and II hypertensive male patients.

Design and Methods: Lipid profile, enzymic and non-enzymic antioxidants, lipid peroxidation, C-reactive protein, electrolytes and minerals were measured in blood of newly diagnosed prehypertensives, stage I and II hypertensives (n=20 in each group) and they were compared with their age matched normotensives.

Results: Elevated levels of lipid profile except HDL-C were observed in stage I and II hypertensive patients. Enzymic and non-enzymic antioxidants were significantly lower while the values for lipid peroxidation and C-reactive protein were significantly higher in prehypertensives, and stage I and II hypertensives. Significant elevation in plasma Na⁺ concentration was observed while the K⁺ was decreased. Serum levels of zinc, magnesium, and copper levels were significantly lower in prehypertensives, and stage I and II hypertensives as compared to normotensives.

Conclusions: The result of the study indicated that plasma and serum levels of antioxidants, lipids, C-reactive protein, electrolytes, zinc, copper and magnesium play a pivotal role in the pathogenesis and the development of elevated blood pressure.